



FORM M-200

Revised 03/03

Indiana Department of Revenue  
Emergency Oversize Permit

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

Time: \_\_\_\_\_

Name of Railroad/Utility Co.: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name/Address of Equip. Company: \_\_\_\_\_

\_\_\_\_\_

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**Equipment Being Moved**

#1 Type: \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Gross Weight: \_\_\_\_\_ No. Axles: \_\_\_\_\_

Axle Wgts.: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Tractor Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

#2 Type: \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Gross Weight: \_\_\_\_\_ No. Axles: \_\_\_\_\_

Axle Wgts.: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Tractor Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

#3 Type: \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Gross Weight: \_\_\_\_\_ No. Axles: \_\_\_\_\_

Axle Wgts.: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Tractor Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

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**Movement Information**

Moving From: \_\_\_\_\_ To: \_\_\_\_\_

Route of Travel: \_\_\_\_\_ Est. Miles Traveled: \_\_\_\_\_

Departure \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr. Time: \_\_\_\_\_

Information: \_\_\_\_\_

\_\_\_\_\_

Operations Desk Officer: \_\_\_\_\_